Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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S. WARREN JUN 0 7 2017

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	Principal office address of limited liability company:	(b)	Mailing address of limited Hability company:
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3HOPESTREET	3H0	DPESTREET
	BROOKI.YN,NY11211	TITE .	OOKLYN,NY11211
	11/12/2015	M150	000009101
	Date of filing/registration in Florida	4,	Document number
. (a)			
. ()	Registered Agent and Registered Office shown on the records  JONATHANBERSTEINCONSULTINGCORP.	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	
	5090PGABLVD,SUITE308	;C.	
	PALM BEACH GARDENS		
			T SS
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		7.4
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	
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f the line chingent in a signature of the chingent in a signat	CTCorporationSystem  NEW Registered Office Address: 1200SouthPineIslandRoad  Plantation  Imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	FL 33324  laws of the States of the registered liability compares of the limited liability the limited liability of the liability of the liability of the liability of liability of the liability of the liability of the liability of liability of the liability of the liability of the liability of liability of the lia	e of Florida, it is hereby confirmed that after it office and the business office of the register, it is hereby confirmed that the change(s) liability company or as otherwise provided in the change of the company.  Blockin, Member  Printed or typed name of signee

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

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